

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>10-X09931</b>	FILING DATE
APPLICANT(S)	

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
2	/				
3	/				
4	/				
5	/				
6	/				
7	/				
8	/				
9	/				
10	/				
11	/				
12	/				
13	/				
14	/				
15	/				
16	/				
17	/				
18	/				
19	/				
20	/				
21	/				
22	/				
23	/				
24	/				
25	/				
26	/				
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL IND.	4				
TOTAL DEP.	22	↔	↔	↔	
TOTAL CLAIMS	220	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]